

U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of
 Omnicare, Inc., Plaintiff
 -v-
 Walgreens Health Initiatives, Inc., United Healthcare Services,
 Inc. and Comprehensive Health Management, Inc.
 Defendants

Case Number:
 FILED: JULY 9, 2008
 08CV3901
 JUDGE KENNELLY
 MAGISTRATE JUDGE BROWN

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:
 Comprehensive Health Management, Inc. PH

NAME (Type or print) Erin K. McAllister	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ Erin K. McAllister	
FIRM McGuireWoods, LLP	
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CITY/STATE/ZIP Chicago, Illinois 60601	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 6287433	TELEPHONE NUMBER 312-849-8100
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS.	
RETAINED COUNSEL <input type="checkbox"/>	APPOINTED COUNSEL <input type="checkbox"/>